

<i>SERFF Tracking Number:</i>	<i>ZURC-125830285</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Universal Underwriters Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>CW ML 27762</i>		
<i>TOI:</i>	<i>05.0 Commercial Multi-Peril - Liability & Non-</i>	<i>Sub-TOI:</i>	<i>05.0003 Commercial Package</i>
	<i>Liability</i>		
<i>Product Name:</i>	<i>Unicover VI - New Endorsement - How We Will Pay Condition Revised</i>		
<i>Project Name/Number:</i>	<i>CW ML 27762 - Unicover VI - New Endorsement - How We Will Pay Condition Revised/CW ML 27762</i>		

Filing at a Glance

Companies: Universal Underwriters Insurance Company, Universal Underwriters of Texas Insurance Company

Product Name: Unicover VI - New EndorsementSERFF Tr Num: ZURC-125830285 State: Arkansas

- How We Will Pay Condition Revised

TOI: 05.0 Commercial Multi-Peril - Liability & SERFF Status: Closed State Tr Num: EFT \$50

Non-Liability

Sub-TOI: 05.0003 Commercial Package Co Tr Num: CW ML 27762 State Status: Fees verified and received

Filing Type: Form Co Status: Not Applicable Reviewer(s): Betty Montesi, Llyweyia Rawlins

Author: Patricia Chudik Disposition Date: 09/24/2008

Date Submitted: 09/24/2008 Disposition Status: Approved

Effective Date Requested (New): 01/01/2009 Effective Date (New): 01/01/2009

Effective Date Requested (Renewal): 01/01/2009 Effective Date (Renewal): 01/01/2009

State Filing Description:

General Information

Project Name: CW ML 27762 - Unicover VI - New Endorsement - How We Will Pay Condition Revised Status of Filing in Domicile: Pending

Project Number: CW ML 27762

Domicile Status Comments:

Reference Organization: NA

Reference Number: NA

Reference Title: NA

Advisory Org. Circular: NA

Filing Status Changed: 09/24/2008

State Status Changed: 09/24/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

The purpose of this filing is to introduce for your review and approval a new endorsement for use with our Unicover VI commercial multiperil program. Endorsement 811, How We Will Pay Condition Revised, amends the Unicover VI Auto Inventory coverage part.

<i>SERFF Tracking Number:</i>	<i>ZURC-125830285</i>	<i>State:</i>	<i>Arkansas</i>
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Please see the explanatory memorandum for a complete description of this filing.

The use of this endorsement has no impact on the filed rates for this program.

Company and Contact

Filing Contact Information

Patricia Chudik, Product Analyst	pat.chudik@zurichna.com
1400 American Lane	(847) 605-7714 [Phone]
Schaumburg, IL 60196-1056	(847) 605-7768[FAX]

Filing Company Information

Universal Underwriters Insurance Company	CoCode: 41181	State of Domicile: Kansas
7045 College Blvd.	Group Code: 212	Company Type: Property and Casualty
Overland Park, KS 66211	Group Name: Zurich North American	State ID Number:
(800) 821-7803 ext. [Phone]	FEIN Number: 43-1249228	

Universal Underwriters of Texas Insurance Company	CoCode: 40843	State of Domicile: Texas
7045 College Blvd.	Group Code: 212	Company Type: Property and Casualty
Overland Park, KS 66211	Group Name: Zurich North America	State ID Number:
(800) 821-7803 ext. [Phone]	FEIN Number: 36-3139101	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	Arkansas's fee for a form filing is \$50.00.
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Universal Underwriters Insurance Company	\$50.00	09/24/2008	22690173
Universal Underwriters of Texas Insurance Company	\$0.00	09/24/2008	

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Liability
Product Name: Unicover VI - New Endorsement - How We Will Pay Condition Revised
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	09/24/2008	09/24/2008

SERFF Tracking Number: ZURC-125830285 State: Arkansas
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Liability
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Project Name/Number: CW ML 27762 - Unicover VI - New Endorsement - How We Will Pay Condition Revised/CW ML 27762

Disposition

Disposition Date: 09/24/2008
Effective Date (New): 01/01/2009
Effective Date (Renewal): 01/01/2009
Status: Approved
Comment:

Rate data does NOT apply to filing.

Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing	0.000%
Overall Percentage Rate Impact For This Filing	0.000%
Effect of Rate Filing-Written Premium Change For This Program	\$0
Effect of Rate Filing - Number of Policyholders Affected	0

SERFF Tracking Number: ZURC-125830285 State: Arkansas

First Filing Company: Universal Underwriters Insurance Company, ... State Tracking Number: EFT \$50

Company Tracking Number: CW ML 27762

TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0003 Commercial Package Liability

Product Name: Unicover VI - New Endorsement - How We Will Pay Condition Revised

Project Name/Number: CW ML 27762 - Unicover VI - New Endorsement - How We Will Pay Condition Revised/CW ML 27762

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Explanatory memorandum	Approved	Yes
Form	How We Will Pay Condition Revised	Approved	Yes

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Company Tracking Number: CW ML 27762

TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0003 Commercial Package Liability

Product Name: Uncover VI - New Endorsement - How We Will Pay Condition Revised

Project Name/Number: CW ML 27762 - Uncover VI - New Endorsement - How We Will Pay Condition Revised/CW ML 27762

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	How We Will Pay Condition Revised	811	1-2009	Endorsement/Amendment/Conditions		0.00	811U6 01-09.pdf

ENDORSEMENT NO. 811
HOW WE WILL PAY CONDITION REVISED
COVERAGE PART 300
UNICOVER VI

PAGE 1 OF 1

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

HOW WE WILL PAY

PART C. OF THE HOW WE WILL PAY CONDITION IS DELETED IN ITS ENTIRETY AND REPLACED BY THE FOLLOWING:

- C. WHEN SETTLEMENT IS BASED ON REPAIRS TO THE *COVERED *AUTO OR *COVERED *WATERCRAFT:
1. IF *LOSS IS CAUSED BY A PERIL OTHER THAN WINDSTORM OR HAIL, THE MOST *WE WILL PAY IS 65% OF THE *RETAIL *CHARGES (UNLESS STATED OTHERWISE IN THE DECLARATIONS) ON PARTS, MATERIALS, AND LABOR.
 2. IF *LOSS IS CAUSED BY WINDSTORM OR HAIL, THE MOST *WE WILL PAY IS THE LESSER OF:
 - A. 75% OF THE *RETAIL *CHARGES; OR
 - B. THE PERCENTAGE STATED IN THE DECLARATIONS, ON PARTS, MATERIALS, AND LABOR.
 3. HOWEVER, *WE WILL PAY THE ACTUAL EXPENSES *YOU INCUR FOR:
 - A. THAT PORTION OF REPAIRS THAT ARE MADE USING THE PAINTLESS DENT REPAIR METHOD.
 - B. *LOSS CAUSED BY *COLLISION, IMPACT WITH A BIRD OR ANIMAL, FIRE, LIGHTNING, THEFT OR LARCENY, *EXTENDED *THEFT, MALICIOUS MISCHIEF OR VANDALISM, IF
 - (1) *YOU DO NOT POSSESS THE FACILITIES, PARTS, MATERIALS, OR TECHNICAL EXPERTISE TO PERFORM THE REPAIRS, AND
 - (2) WITH *OUR APPROVAL, THE LABOR IS PERFORMED OR PARTS AND MATERIALS ARE FURNISHED BY A FACILITY NOT OWNED OR OTHERWISE AFFILIATED WITH *YOU.
 - C. *LOSS THAT OCCURS 100 MILES OR MORE FROM *YOUR PLACE OF BUSINESS, IF THE *COVERED *AUTO OR *COVERED *WATERCRAFT IS REPAIRED 100 MILES OR MORE FROM *YOUR PLACE OF BUSINESS.

ALL OTHER TERMS, CONDITIONS, PROVISIONS AND EXCLUSIONS OF THIS POLICY REMAIN UNCHANGED.

THE FIRST SENTENCE OF THE DEFINITIONS CONDITION IN THE GENERAL CONDITIONS IS REPLACED BY: A WORD IDENTIFIED WITH AN ASTERISK * INDICATES IT HAS A SPECIFIC MEANING AS DEFINED IN EACH COVERAGE PART.

EDITION 1-2009

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Company Tracking Number:	CW ML 27762		
TOI:	05.0 Commercial Multi-Peril - Liability & Non-	Sub-TOI:	05.0003 Commercial Package Liability
Product Name:	Unicover VI - New Endorsement - How We Will Pay Condition Revised		
Project Name/Number:	CW ML 27762 - Unicover VI - New Endorsement - How We Will Pay Condition Revised/CW ML 27762		

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: ZURC-125830285 State: Arkansas
First Filing Company: Universal Underwriters Insurance Company, ... State Tracking Number: EFT \$50
Company Tracking Number: CW ML 27762
TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0003 Commercial Package
Liability
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Project Name/Number: CW ML 27762 - Uncover VI - New Endorsement - How We Will Pay Condition Revised/CW ML 27762

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty
Review Status: Approved 09/24/2008
Comments:
Attachment:
NAIC transmittal.pdf

Satisfied -Name: Explanatory memorandum
Review Status: Approved 09/24/2008
Comments:
Attachment:
Explanatory memorandum.pdf

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
	g. SERFF Filing #:	
h. Subject Codes		

3. Group Name	Zurich North America				Group NAIC #	212
4. Company Name(s)	Domicile	NAIC #	FEIN #	State #		
Universal Underwriters Insurance Company	KS	41181	43-1249228			
Universal Underwriters of Texas Insurance Company	TX	40843	36-3139101			

5. Company Tracking Number	CW ML 27762
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail
	Patricia E. Chudik Regulatory Services Analyst Zurich North America 1400 American Lane Schaumburg, Illinois 60196	Regulatory Services Analyst	847 605-7714	847 605-7768	pat.chudik@zurichna.com
7.	Signature of authorized filer		<i>Patricia E. Chudik</i>		
8.	Please print name of authorized filer		Patricia E. Chudik		

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	05.0
10. Sub-Type of Insurance (Sub-TOI)	05.0003
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	Unicover VI program – New Endorsement
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New: 01-01-2009 Renewal: 01-01-2009
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16. Reference Organization (if applicable)	NA
17. Reference Organization # & Title	NA
18. Company's Date of Filing	09-23-2008
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	CW ML 27762
21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]	

The purpose of this filing is to introduce for your review and approval a new endorsement for use with our Unicover VI commercial multiperil program. Endorsement 811, How We Will Pay Condition Revised, amends the Unicover VI Auto Inventory coverage part.

Please see the explanatory memorandum for a complete description of this filing.

The use of this endorsement has no impact on the filed rates for this program.

22.	Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
<p>Check #: EFT Amount: \$50.00</p> <p>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</p>	

***Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms)

(Do not refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	CW ML 27762
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2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	NA
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3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement Or withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01	How We Will Pay Condition Revised	811 1-2009	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	NA	NA
02			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

PC FFS-1

Unicover VI
How We Will Pay Condition Revised
Form 811 (1-2009)
CW ML 27762

Explanatory Memorandum

Endorsement 811 amends the Unicover VI Auto Inventory coverage part by replacing part C. of the How We Will Pay condition. This endorsement is mandatory, and will be attached to each Unicover VI policy that includes Auto Inventory coverage part 300.

We have removed the phrase "when labor is performed, or when parts or materials are furnished by YOU." from parts C.1. and C.2.b. This change eliminates a potential conflict with part C.3.b. of the How We Will Pay condition, which states how certain losses will be paid when someone other than the insured performs repairs to a covered auto after a loss.